Requirements	*Used in cases of*	*How to use*
15. Salt (¼ lb.)	Eye wash	1 teaspoonful to 1 pint of water. Make double strength and add warm water when used.
	Sore throat	Gargle with solution.
16. Sal volatile	Fainting	In water as directed, ½-1 teaspoonful.
17. T.C.P.	Disinfectant Anti-infection gargle	—
18. Vick	Cold Stiff neck	A little in each nostril. Rub into affected part.
19. Washing soda (¼ lb.)	Wasp sting Midge bites	Apply saturated solution. Apply saturated solution.

Fly Preventives

A 'Sanospray' syringe is excellent for spraying the inside of tents, screening of latrines, etc., where midges or flies are troublesome. The best mixture to use is equal parts of paraffin and creosote.

Midges can also be kept away by using 'Flit' or a midge remedy made as follows: Oil of citronella (2 oz.), camphor (2 oz.), oil of cedar (1 oz.).

'Kephart' gives the following recipe for a 'glaze' which is equally efficacious for black flies, mosquitoes or horse flies (it will not injure the skin): Pine tar (2 oz.), castor oil (3 oz.), oil of pennyroyal (1 oz.). Simmer the tar and castor oil together and when cool add the oil of pennyroyal. Do not add the pennyroyal to the mixture when it is hot or the pennyroyal will evaporate. Bottle and cork tightly.

LIQUID MEASURES

1 drachm...1 teaspoonful
1 oz. ...2 tablespoonfuls

CHAPTER II

GENERAL INFORMATION

SECTION (a)

General information required for all tests in Chapter I

Approach to First Aid (general principles)
Abscess
Asphyxia (respiration, causes of suffocation treatment of suffocation)
Artificial Respiration
Blood (circulation, bleeding—external and internal, methods of arresting bleeding, pressure points)
Bites (midge, bee, wasp, dog, snake, etc.)
Blisters
Boils
Bruises
Burns and Scalds
Choking
Concussion
Cuts
Disinfectant Solutions
Dosages (measure of most usual medicines)
Emetics
Earache
Ear Injuries
Eye Injuries
Fainting
Fingers Jammed in Window
Finger Cut Off
Fits (apoplexy, convulsion, epilepsy, hysteria, heatstroke, sunstroke)
Fractures
Headaches
Heart Attack
Hernia
Indigestion and Biliousness
Indication of Serious Illness
Injuries to Joints
Pains (abdominal, stitch)
Poisons, Treatment of
Rules for Administering Medicines, etc.
Scratches (cat, barbed wire)
Sedatives
Stimulants
Shock
Sprains and Strains
Sunburn
Toothache
Wounds

APPROACH TO FIRST AID

General Principles

1. Immediate help to an injured person.
2. Keeping quite calm and using intelligence combined with knowledge.
3. The treating of the most vital things first.
4. Preventing an injury from becoming worse.
5. Obtaining help.
6. Preventing onlookers from crowding round.

1. Immediate Help to an Injured Person

There must be no delay. The first five minutes may be vital. The First Aider should be prepared to step quickly forward and Act. Do not wait for appliances not readily available—improvise. Work quickly and quietly.

2. Keeping Quite Calm

'Keep yourself cool and the patient warm.' It is essential to keep absolutely calm where there is an accident. Reassure those injured—excited or frightened spectators will also be steadied by the First Aider's self-control, and everyone will feel a sense of relief. Intelligence must be combined with knowledge. The best way of finding out what is the matter with someone is to use intelligent observation and deduction. How did it happen? What 'sign' is there of what is wrong? *Note.* Training in 'What happened here?' is very valuable company work.

Knowledge

This, of course, is an essential factor in rendering First Aid. Study and practice can save life, for the greater the knowledge the more extensive the assistance that can be given. But even the smallest Guide can help by simply knowing well how to treat for shock, or how to apply pressure to bleeding, and by doing this at once.

3. The Treatment of the Most Vital Things First

(a) If bleeding, apply immediate pressure.
(b) Treat for shock.
(c) Reassure the patient.
(d) Send for the doctor.

These are general points. There are other key things which should be done according to the injury sustained. It is most important to learn which things should be done first.

4. Preventing an Injury from Becoming Worse

(a) Keep the patient still, and do not move unless absolutely necessary, i.e. in the middle of a busy street.
(b) Careful handling. Do not remove clothing. Do not probe. Do not disturb clot of blood. Be gentle.
(c) Never move a fracture unless the joint above and below are secured by an improvised splint.
(d) Cleanliness. Sterilize the fingers before and after applying a dressing.
(e) Keep people from meddling if possible until the doctor comes. Answer questions briefly; 'keep your eye on your patient and your mind on your case.'
(f) Beware of tackling more than you should. Remember your treatment is First Aid.

5. Obtaining Help

This will vary according to circumstances. The First Aider must be able to take or send clear messages in the quickest possible way for doctor, police, hospital, relations, etc. See message-carrying, page 244.

6. Fresh Air

Your patient wants air, see he gets it. A crowd hinders the First Aider and worries the patient.

ABSCESS

A local inflammation, spoken of at an early stage as a 'gathered' finger, etc.

Pus forms under the skin, causing redness, swelling, heat, and discomfort often amounting to pain. At an early stage lancing with a sterile needle and afterwards soaking in very hot water, then applying a hot fomentation of antiphlogistine or kaolin, will quickly clear it up.

Where a more acute condition is reached frequent fomentations will be needed (see page 167).

If no sign of improvement is seen a doctor should be consulted, and whenever red lines are seen going up the limb above it, or a swelling is felt in the armpit or groin, medical help should be asked for with urgency, as serious risk of blood poisoning may be setting in.

ASPHYXIA (or SUFFOCATION)

Asphyxia means that respiration has ceased.

Every part of the body respires, or uses up oxygen. Breathing is just the process of getting that oxygen into the body, through the lungs, and of getting rid of the carbon dioxide. If any part of the body is deprived of oxygen it soon suffers injury, and the damage may be permanent in a surprisingly short period.

There are various causes of the shortage of oxygen in the lungs due to lack of power to respire:

1. Blocking of the air passages by:
   (a) Drowning;
   (b) Strangulation;
   (c) Choking (from debris or a lump of food or some obstruction in the windpipe, see page 111);
   (d) Smothering (from a fall of cliff, snow, etc., or a pillow).
2. Breathing of poisonous gases from:
   (a) Exhaust fumes from a car;
   (b) Burning buildings;
   (c) Gas escape in house;
   (d) Fumes resulting from explosions, which sometimes collect in buildings, bomb craters, etc.
3. Paralysis of the breathing muscles caused by coming in contact with an electric wire.
4. Pressure on the chest (lungs) caused by a heavy weight, e.g. falls of masonry, etc.

Signs of Asphyxia

Breathing becomes difficult and then stops. The finger nails, lips and ears, and later the whole face, become blue. The person affected loses consciousness and a few minutes later, unless relieved, the heart stops and he dies.

Immediate Aid

Extremely urgent. Do not for a moment conclude that people are dead because they have stopped breathing.

1. Get your patient clear of asphyxiating gas and into the fresh air (see below).
2. Prevent onlookers from crowding round.
3. Clear the air passages of anything that is stopping the breathing (see below).
4. Turn the patient if necessary (see below).
5. Apply artificial respiration.
6. Prevent shock.

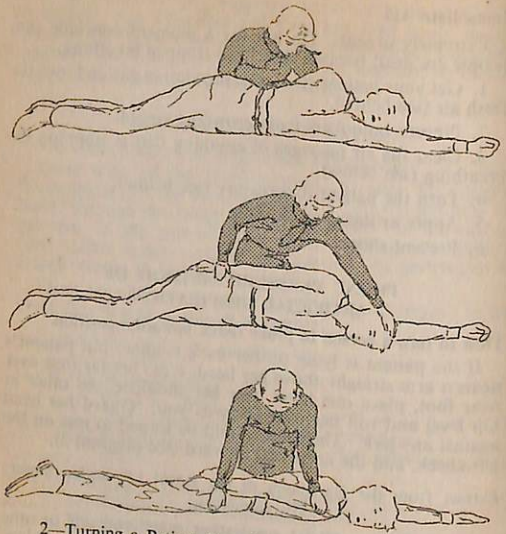
PRONE PRESSURE METHOD OF ARTIFICIAL RESPIRATION

How to turn a person to prone (back upwards) position

If the patient is lying on her back (supine) put patient's nearest arm straight above her head, cross her far foot over near foot, place one hand over her shoulder, the other at hip level and roll her over towards you. Guard her head against any jerk. The head should be turned to rest on the left cheek, and the arms laid forward (see diagram 2).

Extract from the Handbook of the Royal Life-Saving Society (by permission)

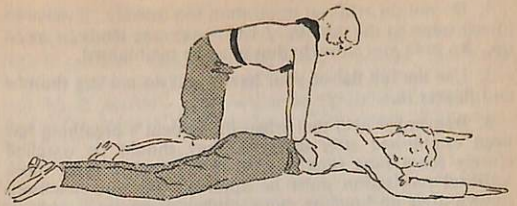
'**To perform artificial respiration** place yourself on one side of the patient facing the head, in a full kneeling position, with knees and hips bent. Put your hands on the small of the patient's back, the wrists nearly touching, the thumbs as near each other as possible without strain, and the fingers passing over the loins on either side but not spread out. Then bending your body from the knees and somewhat straightening the hip joints swing slowly forward, keeping your arms quite straight and rigid, so that the weight of your body is conveyed to your hands (diagram 3). No exertion is required, the necessary pressure is imparted by the weight of your body. In this way the patient's abdomen is pressed against the ground, the abdominal organs are forced against the diaphragm, the diaphragm rises and air is driven out of the lungs together with any water or mucous



2—Turning a Patient Over for Artificial Respiration

which may be present in the air passages and mouth, thus producing expiration. Next swing your body slowly backwards to its first position, thus removing its weight from the hands (which are kept in position) and relaxing the pressure on the abdomen (diagram 4). The organs now resume their former position, the diaphragm descends, the thorax is enlarged and air passes into the lungs, inspiration being produced. Repeat the movements regularly about twelve times a minute, swinging your body alternately backwards and forwards from the knees.

'Every such double movement will occupy about five seconds, two of which may be taken up by pressure



3—Schafer's Method of Artificial Respiration—Pressure

4—Schafer's Method of Artificial Respiration—Relaxation

(expiration), and three by relaxation (inspiration); to ensure regularity, you may count *five* slowly. Your arms should be kept *straight* the whole time, not bent at the elbows (diagram 4). Continue this procedure until there are signs of recovery shown by the reappearance of natural respiration. If these are ineffective, or tend to cease, artificial respiration must be resumed.'

Warnings

1. Don't place your hands too low on the patient's back; if you do you will risk pressing on important organs. Your hands should be at rib level.

2. Do not be rough. Ribs have been broken or bent in practice.

3. Again beware of putting pressure on the spine; this is dangerous.

4. Do not do artificial respiration too quickly. Twelve to fifteen times to the minute. Nearly everyone tends to speed up. An even and slow rhythm must be maintained.

5. Use the full flat of your hands and do not dig thumbs and fingers in.

6. Remember also that when the patient's breathing has been established after asphyxia they should be watched closely for a long time in case it fails, when once more artificial respiration must be applied. Relapse has been known after an hour or more. When a patient is able to walk she should not be left till in a house and able to go to bed.

7. Finally, how long would one person persevere with this if life appeared to be extinct? For hours if necessary; never giving up for an instant till a doctor reaches you, and then be prepared to go on helping him.

Shock

All cases of asphyxia should be treated for shock (see page 124).

Use of Available Helpers

1. To remove any obstruction from the mouth. Pull the tongue forward, clear out weeds, etc.
2. To apply warmth and friction to the body and limbs, rubbing the inside of the limbs towards the heart. Rub *over* clothing.
3. To go to the nearest house to get ready blankets, hot-water bottles, coffee or tea.
4. To obtain medical aid.
5. To relieve first operator by continuing process of artificial respiration for a time.

Notes on Asphyxia

Rescue work according to its cause, and subsequent treatment.

Blocking of the air passages.

1. *Drowning*

(a) Clear patient's mouth of weeds, pull tongue forward.

(b) If possible send one person to the nearest house to get ready blankets, hot-water bottles, coffee or tea.

(c) Apply warmth and friction to the body and limbs, rubbing the inside of the limbs towards the heart. Rub over clothing.

Speed is urgent. When patient is in the prone position, if possible on a downhill slope with head lower than the feet, before starting artificial respiration insert your hand at the waist of the trouser if a man, or in the belt if a woman, give a sharp jerk upwards. This will cause a severe spasm, and the water will rush out of the patient's lungs through the mouth. The lungs being then clear of water the work of artificial respiration can begin.

2. *Asphyxia by strangulation, e.g. hanging*

(a) Without a moment's loss of time seize the hanging person round the legs and raise the body so that the weight is taken off the neck. If body is too heavy for you, push a table or chair, ladder, or any object under to support the body.

(b) Shout for help.
(c) The next assistant can cut the rope and free the body.
(d) Immediately start artificial respiration.
(e) Treat for shock.

3. *Asphyxia from poisonous gases and fumes*

(a) Get the victim into the fresh air as soon as possible. Keep low, cover the nose and mouth. For full details of drags see page 230.

(b) If the cause is exhaust fumes from a car, the patient may not in the first stages be totally unconscious, but will be incapable of movement. It is then a fight against time to get them roused. Once in the air, flip them with a wet towel, ruffle their hair, slap their cheeks, try to force them to walk. Do what is possible to annoy them. This will restore them more quickly than anything.

(c) If patient is in a burning building, see under rescue work, page 188.

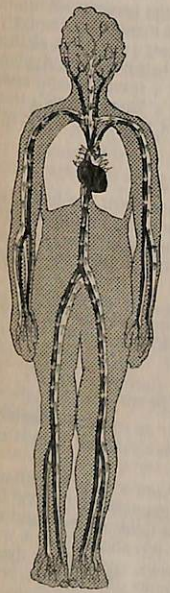
4. *Asphyxia as a result of electric shock*

(a) Switch off current.

(b) To free patient, insulate yourself by standing on something through which the current cannot pass, e.g. rubber, linoleum, glass, bricks, straw, wood, hay, folded coat or raincoat. All these must be dry. Protect your hands also with an insulator—newspaper or one of the others mentioned—and pull patient away from the contact. Avoid touching the patient's skin or damp regions like the armpits.

(c) Send for the doctor.

In all cases if patient is or becomes unconscious, apply artificial respiration at once (see page 97).



5—Circulation of the Blood

BLEEDING

Circulation

Blood is the life fluid. It does many things, of which the most important are:

(a) It enables all the body to breathe as it carries oxygen;
(b) It carries food and water to all parts of the body, and removes waste stuff;
(c) It distributes heat;
(d) It fights infection;
(e) It repairs injury.

The blood goes round the body, through channels which are called arteries, veins and capillaries. The arteries take the blood from the heart. Blood from the artery is bright red, it is pumped out very fast, and shoots into the air if an artery is cut.

Veins carry the blood back through the lungs, where it is purified by coming in contact with oxygen, to the heart. Blood from a vein is dark red and wells out in a continuous flow. Capillary blood is the ordinary blood you see when you cut your finger. Capillaries connect the arteries and the veins in the tissues (page 106).

Bleeding, if at all severe, must be stopped at once.

Don't hesitate—keep calm, even if you don't like the sight of blood.

Injuries which cause loss of blood may occur to any part of the body externally (where it can be seen), and internally (concealed).

Externally. Accidents with cars, aeroplanes, bicycles, trains, axe, or knife cuts; flying glass; falling.

Internally. When crushed; in gunshot wounds; fractures, such as broken ribs; through illness.

Signs of Bleeding

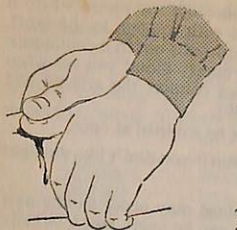
Sight of blood (if external), pallor, faintness, feeling of chill, quick, feeble pulse, breathing—sighing or in gasps.

Immediate Aid

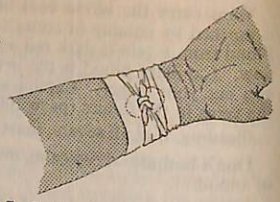
1. No matter what other injuries there may be, bleeding must be stopped first.
2. If a limb—raise the limb (unless this is fractured).
3. Apply digital pressure on the spot.
4. Apply pressure at the main pressure point. Above, if arterial bleeding (bright red blood spurting out). Below, if venous bleeding (dark red blood welling out). On the spot for capillary bleeding (red blood oozing out). On the spot, and above and below, for burst varicose veins.

Pressure Points

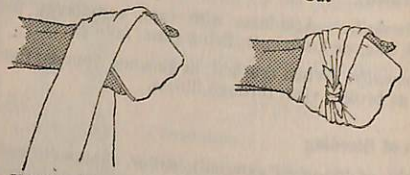
It is not important to know the names of the pressure points, but it *is* important to know exactly where they are (see chart inside cover).



6—Digital Pressure

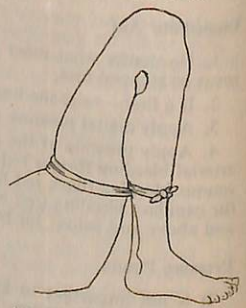


7—Pad and Bandage Method of Stopping Bleeding Applied to a Cut



8—How to Secure for Stopping Bleeding in the Hand

9—How the Pad and Flexion Method is Applied—Elbow



10—How the Pad and Flexion Method is Applied—Knee

Simple Methods of Compression

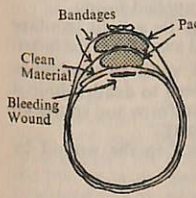
Digital pressure; pad and bandage; pad and flexion; graduated compression; tourniquet.

1. *Digital pressure.* On the spot. Thumbs placed one on top of the other so giving maximum pressure. Insert clean lint, handkerchief, rag or envelope between thumbs and wound.

2. *Pad and bandage. Improvise a pad.* This may be made by turning handkerchief ends in until it is so tightly bound together that it makes a hard ball (page 146), or with a cork or other small article wrapped in a clean rag. Next, place this firmly on the wound and bandage tightly (diagrams 7 and 8).

3. *Pad and flexion.* At elbow and knee. Insert pad and strap back arm tightly with a figure-of-eight bandage (diagrams 9 and 10).

Knee. Repeat as for elbow. Keep the patient as flat as possible and strap the ankle tightly back (diagram 10). Remember that a dressing must be put on the wound as well as the indirect pressure exerted by pad and flexion.



11—Cross section of Graduated Compression

4. *Graduated compression.* Does not, as with other tourniquets, constrict other blood vessels or nerves, cause gangrene or injure tissues. How to apply the graduated compression:

(a) Put a dressing on the spot and secure with a firm but not tight bandage.

(b) Make a small solid pad, put it on top of bleeding spot and tie into position with second strip of bandage; the knot should be directly over pad.

(c) Repeat (b) in detail, using slightly larger pad and a third bandage. This method has never been known to fail in stopping bleeding. After fifteen minutes the THIRD BANDAGE AND PAD MUST BE REMOVED. Therefore, note time of application.

5. *Tourniquet.* (This should not be used by Guides.) Place a small pad on pressure point, e.g. upper arm or thigh.

Put a handkerchief or strip of rag over it and tie knot on outer side of limb, insert a piece of stick, tie again over stick and twist so as to tighten, so bringing pressure on the artery.

Warning. Slacken the tourniquet after ten minutes. Tourniquets are dangerous:

(a) The limb may die if tourniquet is left on too long.

(b) A main nerve may be compressed which will cause paralysis.

Types of Bleeding, with Treatment

Capillary. Caused by a scratch or a graze. Slight oozing of blood.

1. Wash in soap and water, or with Dettol or other mild disinfectant.
2. Cover with gauze, or lint and bandage, or adhesive strapping.

Venous. Caused by injury to a vein. Blood, dark red colour, wells up from wound.

1. Raise limb.
2. Pad of lint soaked in cold water applied firmly.
3. If this does not stop the bleeding, tie a tight bandage round the limb on the side of the wound away from the heart.

Arterial. Much the most important, must be stopped as soon as possible or the patient may bleed to death within a few minutes, as blood escapes with great force and spurts up from the wound (pumped from the heart).

1. Pressure must be applied AT ONCE to the wound by the thumbs (digital).
2. Raise limb.
3. Later place on wound a firm pad and bandage.
4. If bleeding continues, the main artery must be compressed where it passes over a bone above and as near the wound as possible. (See pressure points and methods.)

Caused by glass. When cuts are caused by glass, great care should be taken not to pull out big splinters, not to cleanse from inside out, and after the wound has been cleaned not to apply any pressure when putting on the dressing. In the case of clean glass cuts a ring pad should be used. Danger may arise from small portions of glass remaining in the wound.

Nose bleeding. The patient should be seated upright, with the head held just sufficiently forward to allow the blood to drip into a basin or towel held in front of the face. A cold sponge or bottle can be held at nape of neck or bridge of nose. The nose may be pinched hard just below the nasal bone. Undo tight clothing round neck. *Note.* In elderly people, when severe, lie flat, head turned to side, and send for doctor. On no account must the nose be plugged except under medical supervision.

Internal Bleeding

Direct signs. Coughing up blood; vomiting blood; presence of blood in the urine; presence of blood in fæces or from rectum.

Treatment. Keep patient flat and still. Give nothing to eat or drink. Treat for shock. Get medical help as quickly as possible. *If unconscious,* turn head to side to prevent tongue falling back.

BITES

Bites cause poisoning with local inflammation, and swelling in minor or major degree.

Causes

Bees and wasps; dogs; midges and mosquitoes; snakes.

Bee Stings

These cause local inflammation, swelling round area of sting, and pain, but the poison seldom spreads and serious consequences are not likely to occur unless the sting is on the lips or in the mouth. In this case a doctor should be consulted or the patient sent to hospital.

Treatment. (a) Squeeze the part so as to eject the sting, encourage blood flow (and with it any poison absorbed).

(b) A bee sting has an acid reaction. An application of any ONE of the following should be used at once: Bicarbonate of soda (1 teaspoonful to 1 pint); household ammonia (equal quantity of water); Milton (ordinary strength); methylated spirit; or blue bag.

Wasp Stings

See as for bee stings, but as the sting has an alkaline reaction the antidote is the reverse of the one required for a

bee sting. Onion, vinegar (in equal quantity with water), washing soda, or permanganate of potash are useful applications for wasp stings.

Dog Bites

Treatment. (a) Squeeze part to eject with blood as much poison as possible. (If a finger, a tight band may be tied above the bite for a few moments, and the finger squeezed towards the wound.

(b) If possible immerse under fast-running water (or suck the poison, spitting out the blood).

(c) Keep the part hanging down.

(d) Disinfect with Dettol (1 teaspoonful to ½ pint).

(e) Put on dressing of Acriflavine.

Take the patient to a doctor.

Midges, Mosquitoes and Centipedes

Treatment. (a) Squeeze the bitten area and hold it under a tap.

(b) Dab with ammonia.

Prevention, if midges are troublesome.

(a) Use a midge lotion.

(b) Spray with Flit, etc.

Prescriptions for making midge lotions:

(a)	Oil of citronella	2 oz.
	Camphor	2 oz.
	Oil of cedar	1 oz.
(b)	Pine tar	2 oz.
	Castor oil	3 oz.
	Oil of pennyroyal	1 oz.

Simmer the tar and castor oil together; when well amalgamated add the oil of pennyroyal and set to cool. It is well not to have the mixture too hot when the pennyroyal is added, because it may evaporate, and it is the real life of the mixture. Bottle and cork tightly.

Snake Bites

In dealing with snake bite it must be remembered that the venom has been forced into a hole in the skin by the snake's tooth. The venom enters the blood vessel very quickly. This may cause fainting and collapse.

Treatment. (a) Tie a handkerchief around the limb above the wound: round the base of the finger in the case of the finger, and round the arm in the case of a forearm bite, letting the arm hang down.

(b) A few crystals of permanganate of potash should be dropped in the snake-bite wound.

(c) Squeeze the part with finger and thumb to make the blood flow and keep the wound well washed. To assist flow of blood, wound may be sucked, spitting out blood.

(d) Apply a dressing and get the patient to a doctor as soon as possible.

Note. Iodine should never be used.

Anyone bitten by a snake will be very frightened indeed. *Reassure* them. People do not die from snake bite in this country as they do abroad, where there are more dangerous types of snake.

BLISTERED FEET

Blisters are caused by uncomfortable shoes which may be too tight or have rucked lining or nails; or by socks which have holes in them or are badly darned. Shoes can be stretched at a shoe shop, or softened by soaking in oil.

If a shoe begins to cut or pinch, do not wait to get home, rub soap on the sore spot and more soap on the outside of the sock.

When a blister has formed, do not prick until you reach home, then wash feet thoroughly, dry and rub well, paint the blister with Dettol, prick with a sterilized needle, and mop up; seal with Friar's balsam and apply a clean dressing. Cover next day with Elastoplast if the same shoe is to be worn, otherwise it will heal more quickly with a small dressing held in place by two narrow Elastoplast strips.

BOILS

Apply hot fomentations (see page 167), or Antiphlogistine (see page 168), or a paste of Epsom salts and glycerine. Be very careful when the boil bursts not to let the discharge touch the skin anywhere else, so that infection may be localized.

BRUISES

The severity of a bruise and subsequent swelling and discoloration can be greatly lessened if cold water is applied to it at once. Soak a handkerchief in cold water and apply. Frequent change of handkerchief is necessary. Methylated spirit added to the water is most effective. Arnica is of value as an application.

BURNS AND SCALDS

The severity of a burn depends more on its extent than depth. Shock always accompanies a burn, and in the case of a badly burned child, unless the shock is immediately dealt with, death may quickly follow, not from the burn itself but from shock. (For treatment of shock see page 124.)

Treatment for Burns

Cover the burn, excluding air;

Relieve pain;

Treat for shock;

Send for the doctor.

Minor burns, too slight to need medical attention, can be:

1. Covered with strips of dry dressing;
2. Treated with a solution of bicarbonate of soda (two teaspoonfuls to a pint of water);
3. Treated with a saline solution (one teaspoonful of common salt to a pint of water).

In the case of large burns, if a limb is damaged, this may be immersed in a large bowl or bath of the solution, the burn being kept under the water while the dressing is being found and cut (strips of lint which may be soaked in the solution and should be overlapping). Do not attempt to do anything further until the doctor comes. A large and serious burn is a hospital case. If the face is burnt or scorched a mask should be made (see diagram 38, page 143). Strips of lint overlapping should be put on under it, and white vaseline smeared on the eyelids and mouth.

Clothing. Where clothing is burnt into the wound it should not be pulled off, but cut and left.

Dressings. It is important to remember that as previously

mentioned, burn dressings should never be put on in one piece, but as narrow strips of lint overlapping, to ease removal.

Blisters. Should not be broken.

CHOKING

A sharp pat on the back will very often remove the obstruction. If something is wedged, such as a fish bone, coin, thimble, button, etc., tickle the roof of the mouth or back of the tongue with your finger, a feather, or the handle of a spoon, and try to make the person sick.

If a small child is choking

1. Hold its hands well above its head; *or*
2. Tickle the back of the throat, as indicated above; *or*
3. Hold child upside down by its heels.

Do not resort to the third measure unnecessarily; it will frighten the child. Do not hit a small child hard on the back; it may damage the spine.

Grown-ups, order of procedure

If sips of water fail, try a good thump between the shoulder blades, or, if necessary, resort to holding the patient's nose with hand and with the forefinger of the other, or the handle of a spoon or button-hook, try to pull out whatever is stuck in the throat. By pressing down the root of her tongue you may make the patient sick and so throw out the obstruction. In serious cases of choking, when the person is red or blue in the face and the obstruction has obviously lodged in the windpipe and is preventing a person from breathing, SEND FOR THE DOCTOR AT ONCE.

TO TREAT SIMPLE CUTS

1. Wash the wound in clean water with a little common salt in it.

2. Paint with iodine, or better still with Acriflavine, which is cheap, easy to get and better than iodine.

3. Cover it with a clean dressing or a strip of plaster, and leave it to heal.

Note. It is well to remember that iodine is not a good thing to use for dressing wounds except in the case of *very*

small cuts and scratches. It is important not to make a habit of putting it on every injury indiscriminately. For cat scratches and those made by rusty wire or in a garden where complications may set in, see page 123.

CONCUSSION

In cases of concussion it may be suspected that the person is suffering from concussion of the brain even if there are no signs of head injuries.

Signs

Unconsciousness, immediately after an injury, even for a few seconds.

Sickness, may or may not be present.

Treatment

1. Keep patient quiet.
2. Treat for shock.
3. Notify a doctor.
4. Do not leave your patient until you have put her in the hands of some responsible person.
5. Be ready to state clearly what you have observed regarding accident or suspected head injury.

Important Note. Serious consequences, many hours afterwards, may follow head injuries. Therefore, a bang on the head or a fall on to the head from, for instance, a bicycle, or downstairs, etc., should be noted and reported to a doctor or to the victim's relations or friends.

EARACHE

A warm pad applied externally and a hot-water bottle will often relieve earache. If it persists, however, go to a doctor, especially in the case of a child.

To administer olive oil, pour into the ear from a teaspoon, having first let a drop fall in the inner side of the patient's forearm to test the heat. Grave injury could be caused to the ear if the oil were too hot.

EAR INJURIES

1. Blood or yellow discharge coming from the ear. If any blood is seen coming from ears after an accident it is

a serious sign and may mean that the brain is injured. Medical attention is necessary. Never pack a discharging ear with cotton wool.

2. An obstruction in ear. If anything has been pushed into the ear and stuck, do not probe. Go at once to the doctor.

3. A foreign body, such as a fly. A fly in the ear—warm a little olive oil and pour into the ear from a teaspoon.

Note. If warm olive oil is put into the ear the heat should be tested by pouring a drop of the oil on to the inside of the forearm. Hot oil in the ear could damage the drum.

EYE INJURY

Foreign body in the eye, such as a fly, piece of dirt, etc., eyelash.

Treatment

1. Blow nose.
2. Pull the upper lid over the lower.
3. Try and remove with corner of handkerchief.
4. Bathe with boracic solution—a pinch of boracic powder in an eggcupful of water.

Cover eye if necessary (see diagram 37, page 143).

Do not rub.

If irritation continues

A few drops of castor oil in the eye and take to the doctor.

If serious injury, e.g. lime, acid, or ammonia:

1. Immerse face in bowl of water, open and shut eyes.
2. Follow this later with thorough eye washing with bicarbonate of soda (1½ teaspoonfuls to 1 pint). Do not wait to mix this before carrying out (1).

FAINTING

Loss of blood in head. A feeling of faintness is quite a common thing and not at all serious. It may frequently be overcome by sitting down and placing the head between the knees for a few seconds.

Causes

Pain, shock, stuffy atmosphere, sight of injury, loss of blood, bad news.

Treatment

1. If conscious, head between the knees as indicated above.
2. If unconscious:
   (a) Lay patient down;
   (b) Raise legs;
   (c) Fresh air (fan face, bathe with cold water);
   (d) Loosen clothing, keep warm;
   (e) If prolonged, send for doctor;
   (f) Smelling salts if available;
   (g) When recovered give hot drink.

Note. NEVER give anything to drink to a person who is unconscious. Really hot tea with sugar can be given only after she has 'come round', and no brandy or whisky.

NEVER make a fuss of a person who feels faint in the ordinary way, as this will quickly pass off, and may be caused by some quite ordinary disturbance. Keep calm yourself and never let people crowd round and look at the person who has fainted. First of all, this is very rude. Secondly, it is bad for the person, and our Founder told us that the 11th Guide Law is: 'A Guide is not a fool'. It is a very common thing to find people making fools of themselves when someone faints.

FITS

Apoplexy (often known as Stroke)

A condition which occurs in elderly people.

Signs

Age—advanced.
Sudden fall.
Loud and snoring breathing.
Face flushed with dull red.
Limbs on one side limp.
Pupil of one eye larger than that of the other.

Treatment

1. Do not move unless absolutely necessary; give complete rest.

2. Promote warmth to the body by blankets and covered hot-water bottles to the feet and sides.

3. Apply ice to the head or cold-water compress. Do not sprinkle with water.

Convulsions occur in young children with great suddenness.

Signs

Limbs and body suddenly stiffen.
Face flushed to purple.
Unconsciousness—varying from a few minutes to an elongated period if one fit succeeds another.

Treatment

1. Send for doctor.
2. Put child in warm bath with cold sponge on head.
3. Put the child to bed and keep very warm, or wrap in a blanket and nurse by a fire.

Epileptic Fits

This is the most common type of fit. There are over one hundred varieties.

Signs

The signs are usually:
A fall and loss of consciousness, which may be preceded by a cry;
The limbs may be jerked about and the teeth gnashed together;
Contortions of the face may occur;
One fit may follow another very rapidly.

Treatment

1. In treating a fit care should be taken to prevent the patient from biting the tongue. A piece of wood or folded handkerchief (but nothing iron and not your own fingers) may be placed in the mouth, but it should be held by the person who is putting it there.
2. Put pillow under head or quickly push your foot under.
3. Restrain movement of the limbs gently.
4. When the fit is over, cover the patient and allow him to sleep.

Notes. Do not move patient while unconscious. In all cases of a Guide having a fit at a company meeting or in

camp, it must be remembered that she may not realise that she has had a fit. To avoid upsetting her, care should be taken that the fit is not discussed by the other Guides.

Mild Hysteria

Often seen in persons who have been in, or seen, an accident or who are mentally excitable.

1. Treat firmly, do not sympathise.
2. Give something definite to do such as fetching blankets, lighting fires, etc.

Note. Hysterical persons, while they can be made great use of by fetching something definite, should *not* be used to take messages unless the message is a written one.

Severe Hysterical Fits

Signs

Patient laughs and cries and screams. Eyes open and shut rapidly, and sometimes froth appears at the mouth.

Treatment

1. Avoid sympathy and speak firmly, take away from a crowd of people.
2. If hysteria continues, threaten with a cold-water douche, and sprinkle with water if this has no effect.
3. Treat for shock and encourage sleep.
4. Later, let the patient see a doctor.

FINGERS JAMMED IN WINDOW

A not infrequent accident is caused by a window sash (cord) breaking, and the window falling and pinning someone's fingers or hand.

The First Aid treatment should be to ease the window immediately and so release the injured hand. If the window frame has jammed, pull on the broken hanging end of the window cord.

Put the injured hand under a cold-water tap to ease pain, or apply a cold compress (see page 168). If the hand is crushed, treat as for fracture until the doctor comes. If there is an open wound, cover with a dressing wrung out in saline or Dettol (see page 131).

FINGER CUT OFF

A not infrequent accident which occurs with such things as a saw mill or chaff cutter is that the end of a finger may be lost. First Aid treatment should be immediately to find the end that has been cut off and put it on again, holding in position with a slip of clean dressing. Pour antiseptic solution over (see page 131). Take the patient immediately to a doctor, still holding finger tip on. Prompt action of this sort has often saved disfigurement.

FRACTURES

The skeleton is the bony framework of the body. Fractures are injuries to this framework.

Any First Aid treatment of broken bones should be of a very simple kind and should only be undertaken in order to prevent further injury.

Varieties of Fracture

They may be:

Simple (a clean break);

Compound (where a wound leads down to the broken bone);

Complicated (where the bone protrudes through the skin or an artery is pierced).

Warning. A simple fracture may become complicated through rough handling.

Signs of Fracture

The main reasons which may lead to the supposition that a bone is broken are:

Pain;
Loss of movement in the limb;
Deformity;
Unnatural movement.

In children a 'greenstick' fracture often occurs when a limb is bent but not snapped through.

Treatment of a Fractured Limb

Safety First treatment which Guides should give:

1. Send for the doctor;
2. Do not move the patient;

3. Stop bleeding if present;
4. Steady the limb, but do not alter its position;
5. Treat for shock and make the patient as comfortable as possible;
6. Start to improvise splints } If there is no immedi-
7. Start to improvise stretcher } ate possibility of help.

A Ranger or Guider should be able to act as an assistant in splinting if:

Other skilled help is unobtainable;
They have studied and practised extensive First Aid;
A doctor cannot reach the scene of the accident for a long time (see page 222).

There has been a marked change in the doctrine regarding First Aid for fractures. Elaborate splinting by First Aid workers is not advised if the patient is reasonably near a doctor or a hospital.

If the transport is long and splinting is necessary, the important thing to remember is that the injured limb must be so fixed that it cannot move. Whenever possible parts of the body should be used as a splint. For example, a fractured thigh can be tied to the other leg by first placing two or three folds of blanket or coat between the legs as a pad, and then tying round both legs over this blanket.

A fractured arm can be secured against the chest by strapping it firmly to the body. A fractured lower arm steadied by the uninjured arm, and both arms strapped against the chest.

Folded magazines or newspapers may serve a useful purpose in steadying limbs.

If splints are used they should always be padded. They should be wider than the limb to which they are fixed, and both joints above and below the seat of the fracture *must* be immobilized.

Note. For description of improvising splints see page 147. For description and diagrams of improvised stretchers see page 237. For description and diagrams of bandaging fractures see page 137.

Fractures of the Shoulder Blade, Collar Bone and Ribs cannot be splinted. Support the patient with cushions in

the position most comfortable for her until the doctor arrives (see pages 139-141).

Wounds. In all cases of fractures where there is a wound in the skin in the region of the fracture, disinfect the wound and cover it before applying splints or immobilizing the limb in any other way.

A Fracture of the Skull must naturally be treated rather differently from fractures of ordinary bones. The signs are different. It will usually be found that a fracture of the front of the skull causes nose bleeding and a discharge of watery fluid from the nose. Hold cotton wool gently to the nose and keep the patient very quiet till the doctor comes. On no account should the nose be plugged.

A fracture at the base of the skull may cause bleeding from the ears. Other fractures which cannot be treated with splints are the pelvis and spine. If either is suspected keep the patient lying flat and warmly covered up and send at once for the doctor (see also page 141).

A Method of Demonstrating Fractures

Illustrate three types of fractures by taking three wooden meat skewers, or, better still, a bone from the butcher, and breaking them in the following ways.

1. Break a skewer or bone to illustrate closed fracture. A fracture is closed when the bone is broken cleanly and there is no external wound allowing the air to get to the broken ends of bone.

2. Break the skewer or bone so that it has jagged ends. Roll it in a sheet of notepaper and push one end through a tear in the paper. This is to illustrate an open fracture. A fracture is open when there is a wound leading down to the broken bone.

3. Break the skewer so that it has jagged ends. Pierce an elastic band with one of the ends to illustrate the fact that a complicated fracture, apart from the soft part, also involves injury to a blood vessel or nerve, e.g. when a broken rib runs into the lung. Practise immobilizing limbs and padding and making use of splints. Always remember that rough handling may convert a closed fracture into an open one, and that Guides should not handle fractures.

HEART ATTACK

In a heart attack the patient sometimes experiences great pain and distress, with difficulty in breathing. Sometimes a sitting position is best; make something to lean against, otherwise lay the patient flat. Give plenty of air, but keep warm; hot-water bottles bring relief. Send for the doctor. When these attacks occur frequently the patient may be advised by a doctor to carry capsules of amyl nitrate on him. In rendering First Aid these should be found as quickly as possible and one broken under his nose.

HEAT STROKE

See page 127.

HERNIA (Rupture)

This is seen in the form of a swelling in the groin or abdomen, and is caused by an internal organ (intestine) coming through a weak place in the abdominal wall. If a swelling of this sort should suddenly appear, or an existing one should become enlarged, send for the doctor at once. Put the patient to bed, raise the knees (see page 175 for knee pillow). Place a cold compress over the swelling, but do *not* handle it or allow the patient to do so. There is risk of serious complication.

HEADACHES

There are many causes of headache, such as stuffy rooms, constipation, bad eyes, etc., but unless it is very severe it will often pass off after a cup of hot tea or coffee or a walk in the open air. If the headache is severe, place the elbows and lower arms in a basin of very hot water, or lie down for half an hour. An oculist or doctor should be consulted for continuous headaches.

Avoid giving aspirin frequently. A.P.C. tablets may be used, but it is better to start the cure by determining what is the cause and treating accordingly.

INDIGESTION AND BILIOUSNESS

Both in cases of indigestion and biliousness *starve the patient.* A little soup, dried bread or toast—and a very little of that—for twenty-four hours usually effects a cure,

provided that some syrup of figs or health salts are also given. In cases of indigestion or feeling sick, bicarbonate of soda will give relief, the dose being half a teaspoonful to a glass of water. In cases of biliousness sickness will often be a predominant symptom, which is the best thing possible for the patient.

INJURIES TO JOINTS

(a) Dislocation

Dislocation means that a bone has been displaced at a joint.

Signs

The most obvious signs are acute pain and limb out of position, with a stiffness at joint.

Common dislocations are: shoulder, thumb or finger, elbow, hip, knee.

Treatment

1. A doctor is needed.
2. Support the limb in as comfortable a position as possible. Cushions or folded coats will help the patient to keep the limb at the desired angle.
3. Bandage the arm to the body with anything available.
4. A roller towel round hips, etc.
5. A towel wrung out in cold water over the joint will ease pain.

(b) Sprains and Strains

In all cases of sprains and strains, cold water compresses will give great relief. In the case of a sprained ankle, which is one of the more common accidents in camp, after the usual figure-of-eight bandage has been applied (see page 135) the foot may be plunged into a bucket of cold water. The foot will be far less painful if kept in a raised position. This keeps less blood in the limb. There is a small bone between the two big tendons at the base of the thumb; this is often fractured when the wrist is severely sprained, and is very often missed when the wrist is examined, the fracture so becoming complicated. It is best, therefore, to keep the whole wrist and hand immobilized for a severe sprain of the wrist.

Severe sprains should be seen by a doctor. Often X-ray will be necessary.

PAINS

1. **Abdominal.** If serious send for the doctor, especially if temperature or rising pulse accompanies this pain. Do not give an aperient. Raise the knees by putting a pillow under them to ease the abdominal muscles; keep the patient lying down until the doctor arrives.

Note. The reason for no aperient is in case an inflamed appendix or other complication may be developing; an acute or occasional pain low down on the right side of the abdomen is another indication of this.

2. **Indigestion.** There are many ideas of how indigestion can be alleviated, but the most important thing is to discover the cause and so prevent it. If persistent, a doctor's opinion should be asked. Hot water and a tablet such as coffee-mint will relieve a sudden acute attack.

3. **Stitch.** A sudden acute pain brought on sometimes by violent exercise. The old tale, 'bend down and kiss your knee', is worth remembering, and will invariably bring relief.

POISONS

General Rules for the Treatment of Poisoning

Prevention. If the following precautions are taken, cases of food poisoning should be avoided.

1. All food eaten should be fresh. Use nothing doubtful or food from a bulging tin. Keep everything in fly-proof larder. Keep all **utensils** scrupulously **clean.**

2. Town children especially should be warned against poisonous plants and berries, and if such things as blackberries and mushrooms are picked they should be looked over by someone who really knows about them.

3. As far as possible avoid the use of poisons in the house or camp First Aid tent. Any needed must be kept quite separately, and clearly marked, and put back in the right place after use. Internal remedies must only be given out by a responsible person. See administration of medicines, page 129.

Symptoms of food poisoning

Abdominal pain, sickness, diarrhœa, muscular cramp, prostration, intense thirst, and eventually heart failure.

These may occur from one to thirty-six hours after taking the food.

Treatment

1. Send for the doctor immediately.
2. Give an emetic if within five hours of taking the food; either two teaspoonfuls of mustard in half a tumbler of warm water, or two tablespoonfuls of salt in enough water to dissolve it.
3. Ten minutes after vomiting has ceased give two tablespoonfuls of castor oil.
4. Keep the patient warm.

Other Poisons

If the poison taken is known to have been an acid, give an alkali to counteract its action, such as a tablespoonful of magnesia or chalk in water. If an alkali poison has been taken, give two or three tablespoonfuls of vinegar or lemon.

Never give an emetic if the mouth is burnt or stained.

Milk, raw egg beaten up in water, or strong tea is safe.

If the patient seems drowsy she may have taken a narcotic and must not be allowed to go to sleep. (See partial suffocation from poisonous fumes, page 101.)

SCRATCHES

For general treatment see cuts, page 111.

Special care should be taken:

1. When scratched by a cat. If severe, or in the case of a small scratch showing signs of turning septic, go at once to a doctor. A cat scratch can turn into a serious thing, and precaution taken at an early stage will prevent this.

2. A cut when playing or working in the garden. This needs attention again if severe, or an extensive area is affected, or if a small cut even after careful disinfecting (see cuts, page 111) begins to turn septic, a doctor should be consulted. Manure in soil can cause trouble, and the doctor may decide to give an anti-tetanus injection.

3. Barbed wire, cuts with tin, a rusty nail, or pen. Use the same care as advised above. If specks of rust remain in the scratch after cleansing and disinfecting it may be necessary to foment. Otherwise Acriflavine dressing can be applied, which cleans the cut in a much less soggy way.

SHOCK

Simple First Aid for Guides

Every Guide, no matter how young she is, can help after there has been an accident, or when at home someone injures themselves, by knowing how to treat for shock and by keeping her head and using this knowledge immediately and well.

Shock is a state of collapse which is produced by various causes (see fainting, page 113). In the case of injury, it is certain to occur with a bad burn, the breaking of a large bone, the crushing of a limb, or a very bad wound in the head or stomach. It may be caused by very bad bleeding, and will be worse according to the pain and seriousness of any injury. It is increased by bleeding, pain, cold, worry and rough handling. Shock must always be treated first, except in cases where there is bad bleeding, which is the most important thing of all to attend to.

The most marked signs of shock are:

(a) Pale face;

(b) Coldness, shivering, clammy skin;

(c) Short sighing breathing.

Treatment

1. Lay the patient down if possible where she is.
2. Cover the patient, wrap all round and tuck her up with coats and rugs, legs and arms must be included, and nothing left uncovered except the patient's face.
3. Fill hot-water bottles, improvise where none are available (see page 127).
4. Make some tea and give it with lots of sugar.
5. Reassure the patient and keep smiling yourself.

More detail for Rangers and Guiders

Many deaths have occurred which could have been saved if treatment for shock had been given in the early stages. This is an important thing to remember. Treatment for shock is not difficult, and it is a valuable contribution that anyone can give during an accident, however scanty their knowledge of more advanced First Aid may be. Shock occurs with almost every accident or injury, and when a person has been seriously hurt their vitality is lowered and circulation fails.

There are two kinds of shock—primary, which is caused when the injury takes place, and secondary, which may come some hours afterwards, and which may be avoided altogether if proper care is given in the first instance.

In cases of primary shock follow the treatment prescribed and get medical help as quickly as possible.

If secondary shock does occur it is a very serious condition indeed, resulting often in death if adequate care is not given.

In addition to those given above the patient may show signs of faintness, lassitude and restlessness. There may be vomiting, and the pulse will be rapid yet feeble.

Treatment

If signs of shock are present it is urgent that relief should be given at once. In any case, measures must be taken as quickly as possible to prevent it from developing. It must not be expected that all the above signs of shock will be present in every case, sometimes only one or two may be noticed.

What to do:

1. Stop any bleeding (see page 105).
2. Keep the injured person lying flat in as comfortable a position as possible, with head turned to one side.
3. Keep warm. Blankets under as well as over, rugs, hot-water bottles (covered), tuck all limbs well up, leaving nothing but face exposed.
4. Hot stimulants (only if conscious and there are no internal injuries or serious bleeding). Never give brandy, whisky or other alcohol.

Hot water, tea, coffee, milk—to all of which glucose or sugar can be added, as these are of great value in promoting warmth and energy. Bovril, Oxo, Marmite.

If only partially conscious, test power to swallow by giving small sips in a spoon.

No liquid should ever be given if there is any suspicion of internal bleeding.

Covering Patient

1. *When patient can be moved*

(a) When blankets are available. Fold No. 1 blanket into three, turn back top third. Fold No. 2 blanket in the same way, to open in opposite direction. Place patient on four folds of blanket. Wrap over both open sides, turn back the top corners and fold under the foot. Fold No. 3 blanket (if available) double and place it lengthwise on top, tucking in all round (see diagram, page 240).

(b) When blankets are not available. Never wait to send for blankets if none are on the spot, use coats, mackintoshes, jerseys borrowed from onlookers (to ask for the loan of her skirt has before now caused particularly fussy and tiresome members of a crowd to disperse rapidly!) A mackintosh under the patient is of special value. See that the patient is warmly covered everywhere, even on a hot day!

2. *When patient cannot be moved*

(a) When blankets are available. Roll and work gently below patient. Avoid all jerks and movement (see page 141).

(b) When blankets are not available. Improvise everything as above, and when possible insert a mackintosh between the patient and the ground. To cover the patient quickly and well must be the first thought, however, and how to insert something between the patient and the ground with minimum movement should be tackled after this.

Hot-Water Bottles

With their knowledge of firelighting, Guides or Rangers should be first in the field in obtaining hot water either for hot stimulants or hot-water bottles, both of which have wonderful effect in the treatment for shock. 'Speed' is the

key-word. Where there is no hot-water bottle available, a very successful makeshift can be improvised with either hot water put into ordinary bottles (well corked up), or by heating a brick or stone. Whatever type may be used, it is important to remember that they must never be placed next to the skin of the patient (especially is this important where someone is unconscious and cannot tell you if it is too hot). Hot-water bottles should be wrapped in separate covers and placed between the blankets. If there is one hot-water bottle only, put this to the feet; if two, put the second under the armpit nearest the heart; a third, if obtainable, put under the other armpit.

SUNBURN

Calamine lotion is useful to relieve extensive irritation from sunburn; it is advisable not to expose the inflamed part to the sun without some covering until the inflammation has gone. Another remedy is bicarbonate of soda, applied as a paste on lint.

Sunburn can be avoided if care is taken to get the skin gradually used to the sun. Sun bathing can have severe consequences, and should only be taken in small doses!

SUNSTROKE

If a person faints from the heat of the sun, or feels very queer, suspect a touch of the sun.

Treatment

Move out of sun—give a cold bath.

If more severe symptoms, such as high temperature, quick pulse, hot and dry skin:

1. Send for doctor;
2. Remove patient to coolest place available;
3. Cold water to head.

Heatstroke

Resembles fainting. Caused through heat-exhaustion.

Treatment

1. As for sunstroke (1), (2) and (3).
2. Inhale smelling salts.
3. Treat for shock.
4. If the patient collapses, start artificial respiration.

TOOTHACHE

Apply oil of cloves or camphor on a small piece of cotton wool twisted round a match stick.

A visit to a dentist is necessary.

For bleeding after tooth extraction, sit down and bite on cotton wool; if bleeding continues for a prolonged period send for the doctor.

WOUNDS

A wound is the term used for an injury which has penetrated the skin, having an opening of varying degree of depth or width. Under simple cuts a note is made to immerse the cut part under running water or in saline. Except in the slightest cuts, wounds should not be washed. The First Aid treatment is to cover the wound with a dry dressing or a dressing wrung out in antiseptic.

Foreign bodies near the surface, such as gravel resulting from a fall, may be removed, but no clot of blood should ever be disturbed. Where a fracture has occurred with bone ends protruding, only cover the wound with a dressing, but do not straighten it.

In serious accidents injury to the body may cause internal organs to protrude; these should on no account be touched before the arrival of a doctor. They should be covered by a towel or cloth wrung out in antiseptic lotion.

Antiseptic lotion, e.g. saline, salt and water (1 teaspoonful of common salt to 1 pint of water); Dettol, dilute with water (2 tablespoonfuls to 1 pint).

INDICATIONS OF SERIOUS ILLNESS

Any of the following symptoms may be indications of a serious illness, although, of course, they can usually, when occurring separately, be attributed to minor causes such as wrong feeding, over-tiredness, slight sun or heat stroke, menstruation, etc.:

Sore throat,
Headache,
Spots or rash
Loss of appetite
Sickness,
Diarrhœa,
Abdominal pain,
Aching limbs
Feeling of depression or inertia.

It is seldom possible for the First Aider to diagnose, but it is a fairly safe guide that if one or more of the above symptoms is present, and is accompanied by a temperature or rising pulse, a doctor should be consulted.

RULES FOR ADMINISTERING MEDICINES

1. Give dose at exact time ordered.
2. Read the directions on the bottle every time.
3. Shake the bottle.
4. Pour out medicine, holding bottle with label up.
5. Measure dose accurately. Replace cork or stopper.
6. Wash glass after use.
7. Keep medicines away from poisons and out of reach of patient.

External Application of Remedies

It is impossible to give a comprehensive note on the application of remedies of all kinds. It is safe to say, however, that only the very simplest remedies should be used or applied, unless instructions have been given by a doctor or a nurse. By simple remedies such things as the following are meant: embrocation, solutions such as bicarbonate of soda, oil of cloves, etc. When remedies have been prescribed by a doctor his advice must be closely followed, and as in the case of medicines the label carefully read.

Emetics

An emetic is the term used for something which makes a person sick. In a bilious attack it is much better to be sick than to go on feeling ill and miserable for a long time; once whatever has disagreed with the person has been removed, usually all is quite well again.

Emetics are sometimes ordered for food poisoning.

Methods

1. Put finger or feather down throat and tickle at the back.
2. Mix two tablespoonfuls of salt in enough warm water to cause it all to dissolve.
3. Mustard and water, two teaspoonfuls in half a tumblerful of water.

Sedatives

These should not be given except by doctor's orders, and patient should be discouraged from having recourse to drugs. In cases of sleeplessness a hot drink of milk or Ovaltine will often help. Determine cause and treat accordingly.

Stimulants

Coffee, tea and hot soup, etc., are safe stimulants. Alcohol should *not* be given unless by doctor's orders. Sugar and glucose help in cases of shock. Stimulants or food should not be given (a) when the patient is unconscious, (b) before an anæsthetic.

REMEDY FOR VARIOUS COMPLAINTS—AND DOSE

Aspirin	Usual dose, 10 grains (2 tablets) for headaches, reducing fever. Dissolve tablets in water and use as a gargle for sore throats.
Bicarbonate of soda	1 teaspoonful in water, for indigestion.
Castor oil	1 drop, for spark or hard substance in eye. 1 teaspoonful to 1 tablespoonful as an aperient.
Liquid paraffin	1 to 2 tablespoonfuls as an aperient.
Magnesia	1 tablespoonful in water. Tablets, up to four; children two. Anti-acid, mild laxative.
M. & B.	Tablets as ordered by doctor for pneumonia, pleurisy, etc.
Sal volatile	½ to 1 teaspoonful in water, for fainting, or as a gargle for sore throat.

DISINFECTING SOLUTIONS

Acriflavine	Usually supplied at a strength of 1-1,000. Should be diluted to 1-2,000 for wounds.
Alcohol	Use undiluted for cleansing skin; sore or blistered feet.
Bicarbonate of soda	2 teaspoonfuls to 1 pint of water.
Boracic acid	½ teaspoonful to 1 pint of water for bathing eyes. 1 teaspoonful to 1 pint of water antiseptic lotion for wounds.

Carbolic acid	1-60 to 1-80 for wounds. 1-20 for clothes, bedpans, etc.
Cresol	1-40.
Chloride of lime	1 teaspoonful to 1 gallon, used for washing instruments, purifying water, etc.
Dettol	2 tablespoonfuls to a pint of water (for disinfecting open wounds, cuts, utensils, etc.).
Hydrogen peroxide	Equal parts with water (for disinfecting open wounds, cuts, etc.).
Iodine	Use undiluted. Great care should be taken in use, it does not suit all skins.
Izal	1-80 for wounds; 1-40 for clothes, bedpans, etc.
Jeyes' fluid	1-40 for disinfecting floors, furniture, bedpans, etc.
Lysol	1-80 for wounds; 1-40 for clothes, bedpans, etc.
Methylated spirit	Use undiluted for cleansing skin, sore or blistered feet.
Permanganate of potash	40 grains to one ounce. Grains may be dropped direct into snake bites, etc.
Saline	1 teaspoonful of common salt to 1 pint of boiled water.
Sanitas	1-80 for wounds; 1-40 for clothes, bedpans, etc.
Surgical spirit	Use undiluted for cleansing skin, sore or blistered feet.

MEASURES

1 minim	... 1 drop
1 drachm	... 1 teaspoonful (60 minims)
2 drachms	... 2 teaspoonfuls or 1 dessertspoonful
4 ,, (½ oz.)	... 4 ,, ,, 1 tablespoonful
1 ounce	... 2 tablespoonfuls
10 ,,	... 1 tumblerful
20 ,,	... 1 pint
1 gill	... 1 teacupful

This is a rough guide for both liquids and solids. In the case of medicines, where accuracy is essential, a proper graduated measure should be used.

GENERAL INFORMATION

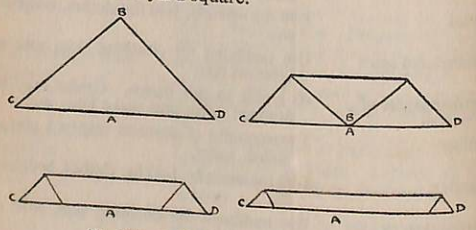
SECTION (b)

Bandaging, Dressings, Improvising Splints, and First Aid Equipment

BANDAGING

HOW TO MAKE AND FOLD A TRIANGULAR BANDAGE

Each member of the Guides carries with her a triangular bandage in the tie that she wears, but where it is necessary to augment this supply and make more: cut diagonally a piece of calico one yard square:



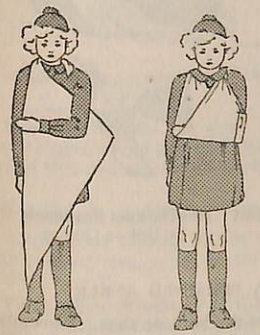
12—How to Fold a Triangular Bandage

Point B is brought to meet the centre of A.
Fold again to make a broad-fold bandage.
Fold in half again to make a narrow-fold bandage. Or for storage fold the ends to the centre and fold again twice. A rubber band will hold securely.

To apply a Large Arm-Sling (on left arm)

Stand in front of the patient, holding the point of the bandage in your right hand and one end of it in your left. Then place the bandage in front of the body, putting the point between the left side of the body and the left elbow.

Take the end in your left hand and put it over the right shoulder and round the lower part of the back of the neck, then bring it forward over the left shoulder to a point below the left collar-bone. Bend the elbow, lay the arm on the bandage with the hand a little higher than the elbow (diagram 13). Bring the lower end of the bandage over the bent forearm and tie the ends with a reef knot on the injured side, just below the left collarbone. The point of the bandage is then brought forward over the part of the arm just above the elbow and fixed with a safety pin. Leave the finger nails exposed.



13—Large Arm-Sling

14—St. John's Arm-Sling

Narrow Arm-Sling

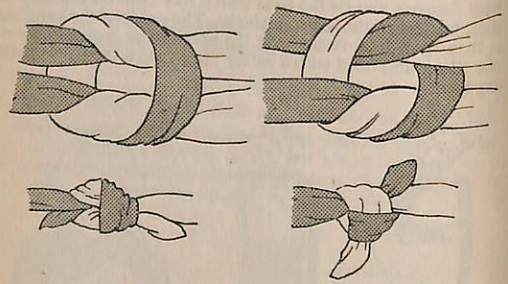
See diagram of narrow-fold bandage and apply as for large arm-sling. Support wrist and hand.

St. John's Arm-Sling

Bend arm to be rested across chest with hand to opposite shoulder. Place bandage over it with apex to elbow point. Draw bandage up behind arm, tie ends on uninjured shoulder and pin apex at back (see diagram 23).

Improvised Arm-Sling

Fold flap of short coat or jacket up over arm to be rested and secure with safety pins fastened to lapel of coat and shoulder.

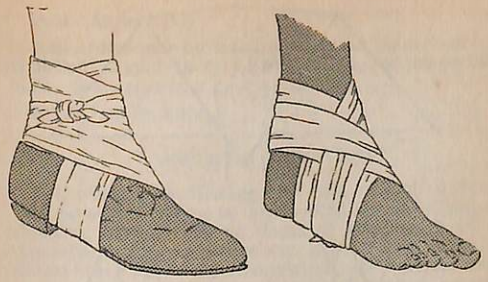


15—The knot that SHOULD be tied —a Reef

16—The knot that should NOT be tied—a Granny

TO BANDAGE A SPRAINED ANKLE

If outside, do not remove the boot or shoe. Remember before bandaging to provide rest and support for the joint. The foot must be gently bent so that it is straight and at right-angles to the leg. To bandage, fold a triangular bandage into a narrow bandage. If possible, dip it in cold water. Place bandage under the instep; bring the two ends over the arch of the foot, cross them and make a figure-of-eight (i.e. cross again) behind the ankle, keeping the bandage low and very firm. Bring the two ends round and tie on the outside on a small hollow which is to be found near the front on the right side of the right foot, and on the left side of the left foot, or tie under the foot. The bandage must be tight, and great care taken not to loosen it while the reef knot is being tied (diagram 17).



17—Bandaging a Sprained Ankle —Outdoors

18—Bandaging a Sprained Ankle —Indoors

Indoors. Remove the shoe; support ankle on cushion; apply alternate cold and hot cloths. Start bandage under the ball of foot and proceed as above (diagram 18).

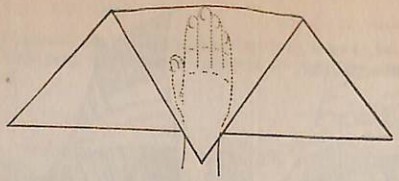
TRIANGULAR BANDAGE FOR COVERING DRESSINGS

A triangular bandage can be used for covering dressings over almost any area of the body.

Head. Place dressing over the injury. Next lay centre of bandage over forehead with apex pointing to nape of neck, instructing the patient to hold in place on the forehead with a finger. Fold points forward and tie; bring apex up over back and pin (see diagram 19).

19—Head Bandage

Hand. Dressing as above. Place hand over triangular bandage; bring apex up over back of hand (see page 136); fold ends over and tie neatly round wrist; bring apex down over knot and pin.



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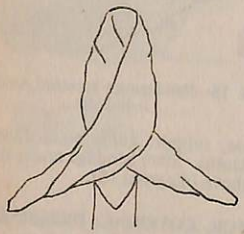

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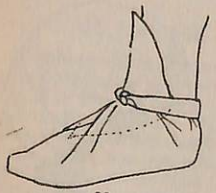

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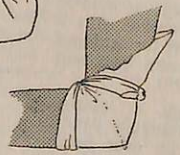


24

25

The Use of the Triangular Bandage

Foot. As for hand.

Knee. Place centre of bandage over, but below, knee; pass ends behind joint; tie on leg above knee, making figure-of-eight. Bring apex over knot and pin.

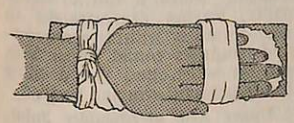
Elbow. As for knee.

SECURING FRACTURES

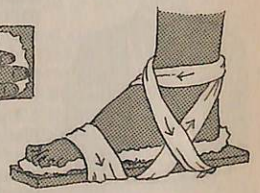
A Guide may be asked to improvise a splint—a Ranger may be asked to help an experienced person to secure a fracture. If, however, no doctor is available, it will be remembered that no person who has sustained a fracture should in any way be moved or treated, other than for shock, until medical help is forthcoming, so ensuring the best treatment for the injured person both in avoiding complications which often accompany fractures (see page 118), and the correct setting of the broken ends of bone. Pending the arrival of a doctor, support can best be given by using the body as a splint. These diagrams indicate the type and length of splint and bandaging needed to immobilize limbs. For improvising and padding splints, see page 147. It will be remembered that no bandage must ever be tied immediately over broken ends of bone.

Fractured Hand. Pad improvised splint; gently ease hand on to it, secure as indicated in diagram.

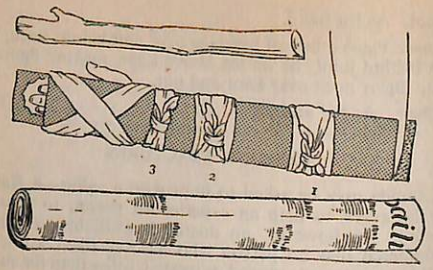
Fractured Foot. As for hand. Arrows in diagram indicate method of securing.



26—Splint for Hand



27—Splint for Foot



28—Splint for Forearm

Forearm. Order of putting on bandages (see diagram 28). If a second helper is available, one should steady arm and splint to avoid any movement.

Upper Arm (Humerus). Pad smoothly between arm and side; use body as splint.

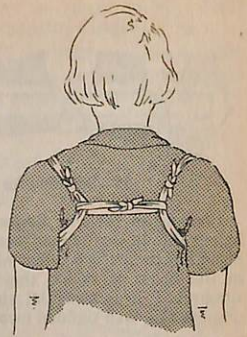
Alternative. Folded newspaper or three small padded splints secured with two narrow-fold bandages round broken arm put on above and below fracture; narrow arm-sling (see diagram 29).

29—Splint for Upper Arm

Fracture of Tip of Elbow (Olecranon). Make a roll of newspaper; leaving arm straight to side, secure it with two narrow-fold bandages round upper arm and at wrist, and put a third bandage round arm and body.

Upper Arm at Shoulder Joint. Place pad gently in armpit, near the fracture. Put the centre of a broad-fold bandage over injured shoulder and upper arm across chest, and tie over a second pad

30—Securing Fracture of Upper Arm at Shoulder Joint



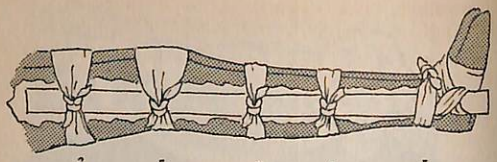
31—Securing Fracture of Collar-bone

under the opposite armpit. Use a narrow-fold arm-sling for the broken arm (see diagram 30).

32—Securing a Fractured Jaw

Fractured Collarbone (Clavicle). Place a firm, soft pad under each armpit; then use three bandages —one around each arm and the third to draw them tightly back as indicated in the diagram 31.

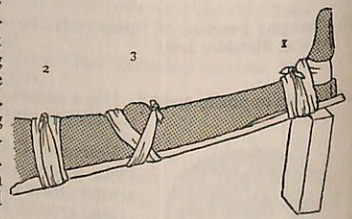
Fractured Jaw (Mandible). Use a four-tailed bandage. To make: Slit down two sides towards centre. Make a hole in the centre for the point of the chin. Take two ends tightly up side of face and draw on top of head. Then tie two to back of head, secure firmly and bring ends together as shown in diagram 32.



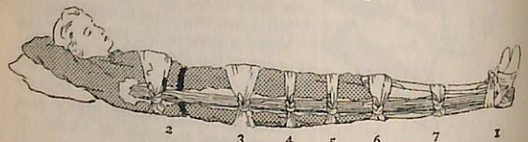
33—Splinting for Fracture in the Leg

Fracture of Bone or Bones in leg (Tibia or Fibula). One helper should steady the fractured leg throughout by placing herself at the patient's feet while the other ties the bandages in the order in which they are shown numbered in the diagram. It is essential that the splint should be long enough and well padded (see diagram 33).

Fractured Knee-cap (Patella). Gently apply a splint along back of leg from above knee to below ankle. Slowly raise leg on to splint, approximately 2 feet. Fix splint with bandages round ankle and thigh. Steady fracture by a figure-of-eight bandage above and below kneecap, crossing at back of knee.



34—Splinting for Fractured Knee Cap

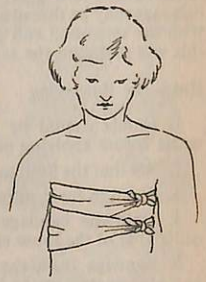


35—Splinting for Fractured Thigh

Fractured Thigh (Femur). As for fractured leg. Note length of splint and order of bandaging (diagram 35).

Fractured Hips (Pelvis). Make the patient as comfortable as possible in lying position; a roller towel may be gently worked under the waist and eased down, then secured firmly with safety pins around the hips.

Fractured Ribs. Use two large arm-slings, overlapping as shown in diagram. The knots should be tied on the uninjured side, and the arm on the injured side put in a large arm-sling (diagram 36).



36—Bandaging for Fractured Ribs

Fractured Skull. Keep patient as quiet as possible. Medical aid is urgent.

Fractured Back or Neck. If a fracture of the spine is suspected (indication, paralysis from the waist downwards), or neck (indication, paralysis of body, arms and legs), do not attempt to move the patient without medical aid. Gently ease pads under small of back and at knees and neck to add comfort until the doctor arrives. If it becomes imperative to move the patient (which should only be attempted if their life is in danger in some other way), insert pads as above; tie the thighs, knees and feet together; pass a rug gently under the patient, avoiding movement. Then with helpers lift, keeping patient flat and still.

ROLLER BANDAGING

Roller bandages can be improvised by tearing up strips of material such as sheets or underclothes. The recognized widths are:

For fingers,	½ - 1	inch	wide
,, arm,	2 - 2½	,,	,,
,, leg,	3 - 3½	,,	,,
,, body,	4 - 6	,,	,,
,, head,	2 - 2½	,,	,,

How to Roll a Bandage

Start rolling firmly at one end, then holding the bandage with the roll underneath, the thumbs above and fingers under the roll, maintaining pressure throughout and keeping the sides of the bandage even. An assistant holding the unrolled end is a great help in tightening the roll; or the bandage may be threaded through the bars of a kitchen chair with the unwound end passing under a weight on the seat; this will maintain the same helpful pressure.

Rules for Bandaging

1. Hands should be washed thoroughly under running water before applying bandages.
2. See that the limb to be bandaged is carefully supported.
3. Stand in front of patient while putting on the bandage.
4. Hold the bandage with the roll uppermost, and the outer side of the loose end against the limb to be bandaged.
5. Bandage from the inner to the outside of the limb, and always start at the bottom and work upwards.

Exceptions to this rule are over elbow and knee joints, where a couple of turns directly over the slightly flexed joint first before proceeding as above will help to hold the bandage in place when there is movement of the arm or leg. In body bandaging the start is made from the top, working downwards.

6. Keep secure hold of the bandage (it must not be dropped). Only a few inches should be unrolled at a time.
7. Each new turn of the bandage should cover two-thirds of the previous one, making a neat pattern. Finish on outside of limb by slitting bandage and tieing or securing with a safety pin.

Notes

Cleanliness is most important. After use, bandages should be washed in disinfectant, hung out to dry and ironed.

A bandage is meant to secure dressings in position, give support to a strain, etc. Therefore, flabbily tied bandages are useless.

If finger or toe nails turn blue it is an indication that the bandage is too tight to allow for circulation, and it should at once be slackened.

METHODS OF BANDAGING

(See chart on page 144)

1. **Simple Spiral.** Used for fingers, wrists, etc., where the section to be bandaged is of even thickness.

2. **Reverse Spiral.** Used where the part thickens, such as up arms or thighs; note diagram. To make a reverse spiral, place thumb over bandage and turn it, then continue up limb.

3. **Figure-of-eight.** Also used for uneven parts or for covering joints. Note diagram of elbow.

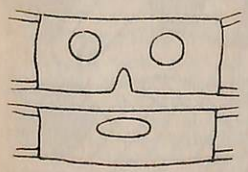
4. **Spica.** A form of figure-of-eight used for thumb joint, etc. Note diagrams of palm of hand, knee, and foot.

37—The use of a Roller Bandage in Covering a Dressing

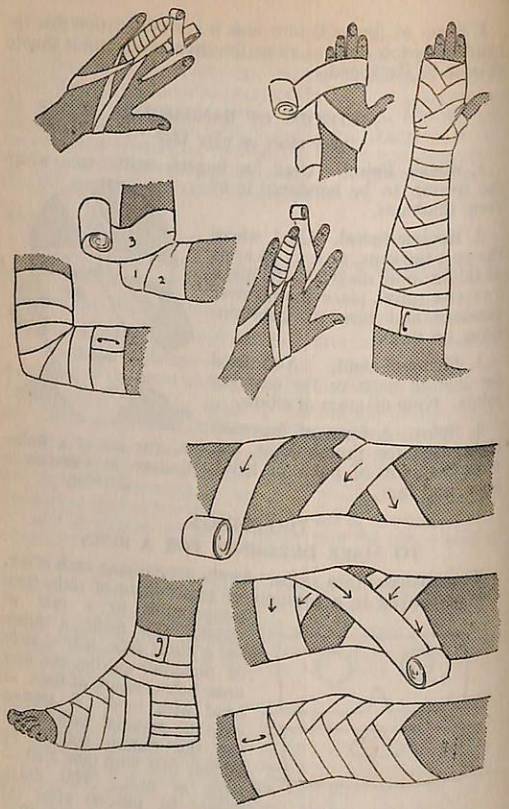
DRESSINGS

TO MAKE DRESSINGS FOR A BURN

Tear material into strips. Apply overlapping each other, dry or soaked in a solution of bicarbonate of soda (two teaspoonfuls to a pint of water). To make a mask for a burnt face, tear a strip of material, cutting eye and nose holes, secure at back of head with tape. A second strip of material with a slit for the mouth should be added, tied with tape also at nape of neck. This mask should be put on after (a) the dressings, and (b) after



38—Burn Masks



"Bandage Chart"

the lids of eyes, mouth, etc., have been greased with vaseline.

THE MEANING OF A DRY DRESSING

A strip of clean white lint or gauze cut to the right size to cover the injury should usually be at least two thicknesses, and will be covered by cotton wool and bandage.

THE MEANING OF A WET DRESSING

The strip of gauze or lint as above, soaked in plain boiled water, or solution, as required; to be covered with jaconet or oil-silk (to keep the dressing wet), which should be cut slightly larger than the wet dressing.

Order of application: wet dressing, jaconet, cotton wool, bandage.

Fomentation. See page 167.

THE USE OF ELASTOPLAST

(and similar materials)

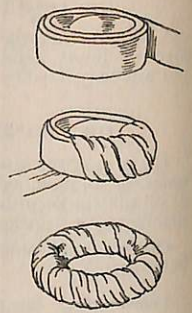
Elastoplast is a most useful dressing. It is impregnated with antiseptic solution and therefore it is possible to cover a simple cut without an additional dressing. Boxes of prepared Elastoplast with dressings inside are most valuable, and can be put on burns, etc. This type of Elastoplast is most practical for patrol or personal First Aid outfits.

Further use of Elastoplast: For drawing together a gaping cut; for giving support to a strained ligament.

The two latter examples should be carried out with discretion; and not when there is doubt of the severity of the injury. In the first instance the doctor may decide to stitch the cut, and in the second, swelling may make it necessary to remove the Elastoplast. The easy method of removing Elastoplast is by a quick pull; in neither of these instances would this be wise. Therefore, where the injury is severe, in the first example a pad and bandage, and in the second a dressing and bandage is the right course to take.

HOW TO MAKE A RING PAD

A ring pad can be made with a triangular bandage or very large handkerchief. Fold it until it has the appearance of a narrow coil; hold one end between the left thumb and first finger and twist round the palm of the hand several times to form a ring. Leave eighteen inches to two feet free and twist this around the ring, so binding it and making a firm ring pad.



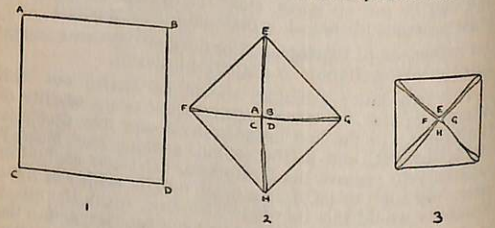
39—A Ring Pad

To Use a Ring Pad

Place over the wound, causing pressure around (but not on top of) the wound when bound. The wound should be seen through the centre of the ring. Bandage firmly into position.

HOW TO MAKE A PAD FOR PRESSURE

Using a handkerchief or square of material, fold the four corners, A, B, C and D, to the centre (diagram). Next take the four new corners, E, F, G and H, and fold these to the centre. Continue until a small, round, firm pad is made.



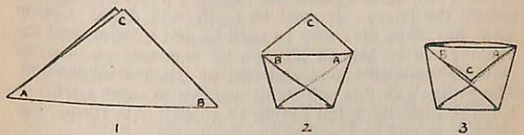
40—A Pad for Pressure

Apply this pad against the wound or pressure-point and strap firmly into position.

HOW TO IMPROVISE A DRINKING CUP

A cup for drinking, or as a holder for swabs or dirty dressings, can be quickly improvised.

Fold a square of paper in half diagonally, as in diagram (1). Then fold the corners across as in diagram (2). Next turn the paper over and fold over the other side. Tuck flaps in as in diagram (3).



41—How to Make a Drinking Cup

IMPROVISING SPLINTS

It may fall to the lot of any Guide in the event of an accident to be called on suddenly to find something that will do for a splint. It is therefore very important to know what is needed and why. A Ranger may further be asked to help the doctor or qualified person who is putting this on. She should therefore know how they are adjusted (see page 137).

The object of splinting a limb is to hold it steady and to prevent jolting which might cause further injury.

Very often the best splint is the body. One leg can be tied to the other; an arm can be strapped to the side; and the lower jaw can be bandaged to the upper jaw.

If, however, splints are likely to be necessary they can be improvised from various things, but the following points should always be borne in mind.

1. They must be really firm and straight.

2. They are useless unless long enough. This means that they must extend from beyond the joint above the break to beyond the joint below it. In the case of a fractured thigh they must reach from the armpit to below the ankle.

3. They should be as wide as the limb they are for. Padding will help a little, or two narrow sticks or metal rods can be lashed apart with small cross bars, as is a stretcher, and then the whole thing can be padded.

4. Padding is most important. It is best to pad the whole splint if possible, but at any rate the ends of it and the parts where it will come against the patient's joints or bones or nearest the injury. It must be really well done. Cotton wool, hay, rags, etc., may be used to pad a splint, and the padding can be held in position by bandages or strips of material wrapped round and tied or stitched in position. The patient's clothes will act as padding to some extent; so when possible the splint should be applied over them. The padding should be about two inches thick.

Stakes from a hedge, Scout poles, window-hook poles, walking sticks, umbrellas, strong curtain rods, tightly folded cardboard, and even newspapers can be improvised as splints when necessary, though narrow boards are the best. Try to see some real splints and find out what each of them is used for, so that you would really have an idea of the shape and size likely to be needed for an injury, and then practise improvising them. Stop suddenly outside and see how quickly you can find and pad an adequate splint for a certain limb. Challenge yourself, and find others to challenge you, both in a house and outside.

FIRST AID EQUIPMENT

CONTENTS OF FIRST AID CASE

(a) For an overnight hike of two persons.
(b) For a hike consisting of a patrol of six Guides.

(a) For an Overnight Hike

A dressing for large wound (in a sealed envelope).
Very small quantity of (i) cotton wool; (ii) plain white lint (in sealed envelope).
Two small Elastoplast dressings.

A 1½-inch bandage (compressed size).
A tiny tube of Acriflavine ointment (for dirty wounds).
Very small bottles of Dettol or T.C.P. (for disinfecting wounds or stings).
Small pair of scissors.
A needle (for thorns, splinters, etc.).
Two or three matches in waterproof container.

(b) For a Patrol Hike

Two dressings for large wounds (in sealed envelopes).
Small quantity of (i) cotton wool; (ii) plain white lint (in sealed envelopes).
Elastoplast dressings.
One 1-inch bandage.
One 1½-inch bandage.
Small tube of Acriflavine.
Small bottle of Dettol or T.C.P.
Small quantity of bicarbonate of soda (for burns, sunburn, indigestion, toothache).
Small quantity of washing soda (for stings, washing-up.)
Small quantity of permanganate of potash (for snake or wasp stings).
A small pair of scissors.
Matches in waterproof container.

Care should be taken to cut down to the minimum, but adequate quantity. Tiny bottles and tins can be collected from home or friends; e.g. for Dettol, smallest size of nail varnish bottle or Stephen's marking-ink bottle; matches in pencil refill case, etc. Improvised envelopes of greaseproof paper take up much less room than even a small envelope. Label all your envelopes and tins; when you are in a hurry it will save you undoing unnecessary things, and should someone else be using your case it will help them.

Only a few crystals of permanganate of potash are required. Vinegar can be taken for wasp stings if desired. Home-made smelling salts of soda and ammonia can also be added. But where one remedy can serve two purposes it is best to take this and so save weight and space.

These lists should by no means be considered as binding, but are intended to serve as an indication only. The First Aid case is for an emergency, and in each case the wound will be properly dressed again, either at home, at the hospital, or First Aid post.

USEFUL ARTICLES IN THE SECOND CLASS TEST

'Make an article useful to others.'

'What can I make for my Second Class useful article?' One hears this so often and yet there are so many things that are of great use to others.

Here are four suggestions:

1. Improvise a miniature bed and make bed-clothes, for practising bed-making.

2. A patrol First Aid case.

3. A set of:
   (a) Field dressings;
   (b) Triangular bandages (made from an old sheet);
   (c) Roller bandages (made from an old sheet);
   (d) Splints (improvised, padded and covered);
in a box for company property.

4. A well-made gift for an invalid in the neighbourhood, such as a bed-table or bed-rest.

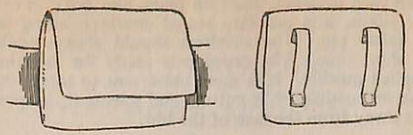
1. Improvise a Miniature Bed and make Bed-clothes

The bed should be not less than two feet long; it can be made from a packing-case and designed according to the skill of the carpenter. A mattress and pillow-case should be made and stuffed.

Strips of material cut, edged and sewn for blankets, sheets and a quilt; enough width should be allowed for tucking in with neat envelope corners; and finally a laundry bag or clean sack should be made into which all can be put to keep the bedding clean in between meetings.

The work of the above can well be divided out between different members of the patrol or company who are going in for their Second Class test.

Though the final test is always done on a full-sized bed it is not always easy to have one within reach of a Guide meeting, then a practice bed of this sort can be the greatest help to Guides working for their Second Class bed-making, ot First Class changing sheets, etc.



42—First Aid Case

2. A First Aid Case

Something that is fairly flat is easier to carry in your pocket or on your belt than something that is bulky. An oiled silk tobacco pouch from Woolworth's makes a very good case. This is four inches by six inches, and, as well as being very light, is waterproof and dustproof and is well worth the money. When worn in uniform a navy blue or Headquarters' blue case can be made for it, with loops on the back for your belt to go through (see diagram 42), or an alternative is to make the case (as in picture) of a good piece of an old mackintosh or some waterproof material. (See page 148 for 'Contents of First Aid Case'.)

3. A Set of:

(a) Field Dressings;

(b) Triangular Bandages;

(c) Roller Bandages;

(d) Splints.

This is another contribution to company property which can be divided among one or two Guides who are preparing for their Second Class.

(*a*) *How to make a field dressing.* First and most important, wash your hands and scrub nails under running water, and lay the wool and lint on a clean cloth or handkerchief. Double the lint and cut into two and a half-inch squares, and cut the cotton wool into three-inch squares. Lay the lint on the top of the wool, cut each of the bandages in half and roll up except for six inches. Place the cotton wool and lint on the bandage and tack down the sides.

Roll up each dressing, place on plate, and bake in oven to render sterile, and put into sealed envelope along with a small safety pin. The envelope should always be baked for a short time. The dressing is ready for use and can be applied quickly. It is most important to touch the lint as little as possible while cutting and sewing it, keeping the fingers away from the face of the lint.

(*b*) *How to make triangular bandages.* These can be cut up from old sheets or other material, for measurements see page 132. The edges should be hemmed, the bandages washed when made, neatly folded and stored ready for practice, and in a fit condition to be put into immediate use in the event of an accident.

(*c*) *How to make roller bandages.* These also can be cut from an old sheet or other material (see page 141 for different widths). Wash, iron, roll tightly ready for use.

(*d*) *How to make splints.* For improvising and padding splints see page 147. Splints can be covered with odd cuttings of sheet left over from making **(b)** and **(c)**.

A properties box for First Aid should be aimed at as the possession of each company. It is important to decide what shall be used for practice or what shall be kept carefully stored for any accident that might happen. All dressings and bandages should be kept covered neatly.

4. A Bed-Table and a Bed-Rest

A bed-table can be made from a converted packing-case. Skill and craftsmanship should be shown in the making and subsequent painting or staining (see page 174).

A bed-rest can be made from lashing slats of wood and weaving a back of netting string (see page 173).

CHAPTER III

HOME SECTION

(a) Home Nursing and Care of a Person in Bed

Hints to the Nurse

Choice of room; its maintenance
Bed-making and changing sheets
Bathing a patient in bed
How to take: a temperature, a pulse, respirations
Bed-pan
How to give an enema
How to give an aperient
Care of mouth
Care of hair

General Information

How to make fomentations, cold compresses and poultices
Infectious diseases. The chief symptoms that would make it necessary to send for a doctor
Chart of infectious diseases
Treatment of sore throats and colds, consumption
Heat of baths
The improvising and use of nursing equipment
Invalid drinks and dishes

(b) Care of Sick Children under 8 years

Emergency Helper (Nursing Section)

Syllabus, page 47.
Course of Instruction, page 47.

Sick Nurse (Extension Badge)

Syllabus, page 76.
Course of Instruction, page 77.

Samaritan Badge (Nursing Section)

Syllabus, page 65.
Course of Instruction, page 71.